



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

JAMES E. RISCH – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

November 6, 2006

Doug West, Administrator  
Idacare, Inc  
1005 Airport Road  
Blackfoot, ID 83221

FILE COPY

License #: RC-846

Dear Mr. West:

On June 28, 2006, a initial licensure survey was conducted at Idacare, Inc.. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Debbie Sholley, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

DEBBIE SHOLLEY, LSW  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

DS/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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July 5, 2006

FILE COPY

Doug West, Administrator  
Idacare, Inc.  
1005 Airport Road  
Blackfoot, ID 83221

Dear Mr. West:

On June 28, 2006, initial licensure and fire/life safety surveys were conducted at Idacare, Inc. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by July 28, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

VIRGINIA LOPER, R.N.  
Supervisor  
Residential Community Care Program

VL/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R846</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/28/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>IDACARE, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1005 AIRPORT ROAD BLACKFOOT, ID 83221</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the initial survey conducted on June 28, 2006. The surveyors conducting the initial survey were:</p> <p>Debbie Sholley, LSW Team Leader Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN Health Facility Surveyor</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

D43C11

If continuation sheet 1 of 1



**BUREAU OF FACILITY STANDARDS**  
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Boise, ID 83720-0036  
(208) 334-6626 fax: (208) 364-1888

## ASSISTED LIVING

### Non-Core Issues

### Punch List

Facility Name	Physical Address	Phone Number
IdolCare	1005 Airport Rd	785-8978
Administrator	City	ZIP Code
Doug West	Blackfoot	83221
Survey Team Leader	Survey Type	Survey Date
Debbie Shallen	Initial	6/28/06

[illegible]

Response Required Date

Signature of Facility Representative

7/28/06

Wong West